

# DELAWARE 2023

DIVISION OF REVENUE F O R M PIT-NON  
DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



| SECTION D - DEDUCTIONS  |             |
|---|-------------|
| 31. ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)  | 31. \$ .00  |
| 32. ENTER FOREIGN TAXES PAID (See instructions)   | 32. \$ .00  |
| 33. ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)   | 33. \$ .00  |
| 34. TOTAL - Add Line 31 through Line 33   | 34. \$ .00  |
| 35. ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)   | 35. \$ .00  |
| 36. Subtract Line 35 from Line 34. Enter here and on Line 38.   | 36. \$ .00  |
| SECTION E - CALCULATIONS  |             |
| 37. DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here  | 37. \$ .00  |
| 38. If you elect the STANDARD DEDUCTION check here <input type="checkbox"/> a. Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500;<br>If you elect the DELAWARE ITEMIZED DEDUCTIONS check here <input type="checkbox"/> b. Enter amount from Line 36.   | 38. \$ .00  |
| 39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions)<br>Check Box(es)- if SPOUSE was: 65 or over <input type="checkbox"/> blind <input type="checkbox"/> Check box(es)- if YOU were: 65 or over <input type="checkbox"/> blind <input type="checkbox"/>                                       | 39. \$ .00  |
| 40. TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here  | 40. \$ .00  |
| 41. TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount  | 41. \$ .00  |
| 42. TAX LIABILITY COMPUTATION (See instructions)  | 42. \$ .00  |
| A. Line 30a <input type="text"/> .00 PRORATION DECIMAL (See instructions) Tax Liability from Tax Rate Table/<br>Schedule Amount   |             |
| B. Line 30b <input type="text"/> .00 = <input type="text"/> X <input type="text"/> .00  |             |
| 43a. PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return <input type="text"/> x \$110 = <input type="text"/><br>Multiply this amount by the proration decimal on Line 42 ( x <input type="text"/> ) and enter total here   | 43a. \$ .00 |
| 43b. CHECK BOX(ES) SPOUSE 60 or over (if filing status 2) <input type="checkbox"/> SELF 60 or over <input type="checkbox"/> Enter number of boxes checked on Line 43b <input type="text"/> x \$110 = <input type="text"/><br>Multiply this amount by the proration decimal on Line 42 ( x <input type="text"/> ) and enter total here | 43b. \$ .00 |
| 44. TAX IMPOSED BY STATE OF <input type="text"/> Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)   | 44. \$ .00  |
| 45. OTHER NON-REFUNDABLE CREDITS (See instructions)   | 45. \$ .00  |
| 46. TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45   | 46. \$ .00  |
| 47. BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.   | 47. \$ .00  |
| 48. DELAWARE TAX WITHHELD - (Attach W-2s/1099s)   | 48. \$ .00  |
| 49. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS   | 49. \$ .00  |
| 50. S CORP PAYMENTS (See instructions)  | 50. \$ .00  |
| 51. REFUNDABLE BUSINESS CREDITS (See instructions)  | 51. \$ .00  |
| 52. CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)  | 52. \$ .00  |
| 53. TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52  | 53. \$ .00  |
| 54. BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.   | 54. \$ .00  |
| 55. OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.   | 55. \$ .00  |
| 56. CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS) TOTAL  | 56. \$ .00  |
| 57. AMOUNT OF LINE 55 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT ENTER   | 57. \$ .00  |
| 58. PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions) ENTER   | 58. \$ .00  |
| 59. NET BALANCE DUE - Add Line 54, Line 56, and Line 58 PAY IN FULL   | 59. \$ .00  |
| 60. NET REFUND - Subtract Lines 56, 57, and 58 from Line 55 ZERO DUE/TO BE REFUNDED   | 60. \$ .00  |

**SECTION F - DIRECT DEPOSIT INFORMATION** If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.

|   |                      |                      |   |
|---|----------------------|----------------------|---|
| ACCOUNT TYPE  | ROUTING NUMBER       | ACCOUNT NUMBER       |   |
| <input type="checkbox"/> CHECKING<br><input type="checkbox"/> SAVINGS | <input type="text"/> | <input type="text"/> | Is this refund going to or through an account that is located outside of the United States?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

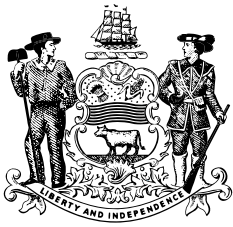
PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

|                         |                             |
|-------------------------|-----------------------------|
| YOUR SIGNATURE _____    | DATE _____                  |
| SPOUSE SIGNATURE _____  | DATE _____                  |
| HOME PHONE NUMBER _____ | BUSINESS PHONE NUMBER _____ |
| @ EMAIL ADDRESS _____   |                             |

|                               |                            |
|-------------------------------|----------------------------|
| PAID PREPARER INFORMATION     |                            |
| PAID PREPARER SIGNATURE _____ | DATE _____                 |
| ADDRESS _____                 |                            |
| CITY _____                    | STATE _____ ZIP CODE _____ |
| EIN, SSN or PTIN _____        | PHONE NO. _____            |
| @ EMAIL ADDRESS _____         |                            |



# DELAWARE 2023

DIVISION OF REVENUE FORM

## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



| FOR AMENDED RETURNS ONLY |   |     | COLUMN B |
|--------------------------|---|-----|----------|
| 61.                      | <b>TOTAL REFUNDABLE CREDITS</b> - From Line 53  | 61. | \$.00    |
| 62.                      | <b>AMOUNT PAID ON ORIGINAL RETURN</b>   | 62. | \$.00    |
| 63.                      | <b>SUBTOTAL</b> - Add Lines 61 and 62   | 63. | \$.00    |
| 64.                      | <b>REFUND RECEIVED</b> (If any, see instructions)   | 64. | \$.00    |
| 65.                      | <b>Estimated tax carryover and/or Special Funds contributions</b> as shown on original return                                   | 65. | \$.00    |
| 66.                      | <b>Subtract</b> Line 64 and Line 65 from Line 63  | 66. | \$.00    |
| 67.                      | <b>BALANCE DUE</b> - If Line 47 is greater than Line 66, <b>Subtract</b> Line 66 from Line 47 and enter here                    | 67. | \$.00    |
| 68.                      | <b>OVERPAYMENT</b> - If Line 66 is greater than Line 47, <b>Subtract</b> Line 47 from Line 66 and enter here                    | 68. | \$.00    |
| 69.                      | <b>AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT</b> (See Instructions)   | 69. | \$.00    |
| 70.                      | <b>PENALTIES AND INTEREST DUE</b>   | 70. | \$.00    |
| 71.                      | <b>NET BALANCE DUE</b> - Add Line 67 and Line 69 to Line 70 <span style="float: right;"><b>PAY IN FULL</b></span>               | 71. | \$.00    |
| 72.                      | <b>NET REFUND</b> - Subtract Line 69 and Line 70 from Line 68 <span style="float: right;"><b>ZERO DUE/TO BE REFUNDED</b></span> | 72. | \$.00    |

**73. Is an amended Federal return being filed?**  Yes  No

If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.

**74. Has the Delaware Division of Revenue advised you your original return is being audited?**  Yes  No

**75. Is this amended return being filed as a protective claim?**  Yes  No

A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

**NET BALANCE DUE WITH PAYMENT ENCLOSED (LINE 71)**  
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 508, Wilmington, DE 19899-0508  
 Make check payable to: Delaware Division of Revenue

**NET REFUND (LINE 72)**  
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 8710  
 Wilmington, DE 19899-8710

**ALL OTHER RETURNS**  
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 8711  
 Wilmington, DE 19899-8711

**PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN**

